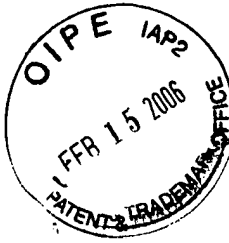
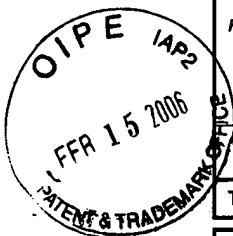


02-17-06

1502/15



AMENDMENT TRANSMITTAL LETTER			Docket No. 51899(70329)																																				
Application No. 10/822,225-Conf. #1321		Filing Date April 9, 2004	Examiner B. Smith	Art Unit 2891																																			
Applicant(s): James F. Cameron																																							
Invention: PHOTORESISTS AND METHODS FOR USE THEREOF																																							
<p align="center"><b>TO THE COMMISSIONER FOR PATENTS</b></p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p>																																							
<table border="1"><thead><tr><th colspan="5">CLAIMS AS AMENDED</th></tr><tr><th></th><th>Claims Remaining After Amendment</th><th>Highest Number Previously Paid</th><th>Number Extra Claims Present</th><th>Rate</th></tr></thead><tbody><tr><td>Total Claims</td><td></td><td>- 20 =</td><td></td><td>x</td></tr><tr><td>Independent Claims</td><td></td><td>- 3 =</td><td></td><td>x</td></tr><tr><td colspan="4">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td></td></tr><tr><td colspan="4">Other fee (please specify): Extension for response within first month</td><td>120.00</td></tr><tr><td colspan="4"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td><td><b>120.00</b></td></tr></tbody></table>					CLAIMS AS AMENDED						Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	Total Claims		- 20 =		x	Independent Claims		- 3 =		x	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					Other fee (please specify): Extension for response within first month				120.00	<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				<b>120.00</b>
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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>																																							
Other fee (please specify): Extension for response within first month				120.00																																			
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				<b>120.00</b>																																			
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity																																							
<input type="checkbox"/> No additional fee is required for this amendment.																																							
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-1105</u> in the amount of \$ <u>120.00</u> . A duplicate copy of this sheet is enclosed.																																							
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.																																							
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																							
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.																																							
<input checked="" type="checkbox"/> Credit any overpayment.																																							
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																							
 Peter F. Corless Attorney Reg. No.: 33,860  EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 439-4444			Dated: <u>February 15, 2006</u>																																				
<p>I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV756261037US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.</p> <p>Dated: February 15, 2006      Signature: <u>Susan M Dillon</u> (Susan Dillon)</p>																																							



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PTO/SB/17 (12-04v2)  
Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

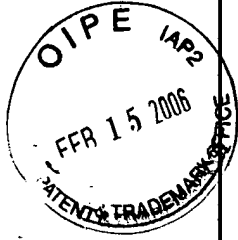
<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/822,225-Conf. #1321
		Filing Date	April 9, 2004
		First Named Inventor	James F. Cameron
		Examiner Name	B. Smith
		Art Unit	2891
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	TOTAL AMOUNT OF PAYMENT	(\$)	120.00
		Attorney Docket No.	51899(70329)

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 04-1105
Deposit Account Name: Edwards Angell Palmer & Dodge LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
							<b>Small Entity</b>
							<b>Fee (\$)</b>
<b>Fee Description</b>							<b>Fee (\$)</b>
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
							180
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
- 20 =		x	=		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- 3 =		x	=				
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- 100 =	/50	(round up to a whole number) x	=				
<b>4. OTHER FEE(S)</b>							<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month							120.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	33,860
Name (Print/Type)	Peter F. Corless	Telephone	(617) 439-4444
		Date	February 15, 2006

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Dated: February 15, 2006	Signature:  (Susan Dillon)



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on February 15, 2006  
Date

*Susan M. Dillon*

Signature

Susan Dillon

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 439-4444

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)

Amendment

One Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)

Amendment Transmittal (1 page)

IDS (Citation) by Applicant (12 References)

Information Disclosure Statement

Charge \$120.00 to deposit account 04-1105